



FULTON COUNTY SHERIFF'S OFFICE

Incident After-Action Report

Type of Incident	Location of Incident
Code Blue/ Use of Force	Fulton County Jail/ Intake Property

First Notification Date/Time	Incident End Date/Time
9-11-2018 / Approximately 4:11pm	9-12-2018 / Approximately 2:23am

Notification(s)	Col. M. Adger	OPS	FCME	
Time notified	Approx 4:13pm	Approx 5:10pm	Approx 5:30pm	

Notification(s)				
Time notified				

Notification(s)				
Time notified				

Agency Assets	OPS			

Outside Agencies					NaphCare
					Atlanta Fire Rescue
					Grady EMS
					GBI
					FCME

Command Post	Location	Set up by:	Date & Time		FCSO Personnel
	Unit Mgr. Office Intake	Lt. D. Paige	Date	9/11/18	D.A.R.T Team
			Time	5:00pm	Intake Staff

Casualties	Weather Conditions	Attachments
Other (Death in Custody)		

Organizational Chart of Incident Command: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, See Attachment

INCIDENT AFTER-ACTION REPORT

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Brief Description of Incident:

On September 11, 2018, the D.A.R.T. Team (Direct Action Response Team) engaged an inmate in the New Intake area of the jail. The inmate was isolated due to observed behavior (described as erratic) by staff and placed in holding cell #172. The inmate began to disrobe and was also observed masturbating inside of the cell. After disregarding several verbal commands and taking on an aggressive posture, the inmate was engaged by staff members, using less-lethal force, in an attempt to gain compliance. The inmate actively resisted and was eventually restrained and taken to the property shower area for decontamination. The medical staff was requested to assess the inmates condition and prior to their return, the inmate appeared to be in medical distress. The inmate was immediately placed on the floor and life saving methods were initiated by the team members until properly relieved by medical staff. Subsequently, the inmate succumb to unknown injuries and or condition.

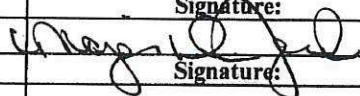
Traffic/Security Control Points by Locations:

N/A

Recommendations for Future Planning:

Recommendations for future planning are as follows:

- * Better communication between hospital attending physician's and jail medical provider.
- * Staff advised when an inmate may need to be expedited through the booking process, highlighting any precautions.
- * Devise and implement a critical incident debriefing process for staff members.

Report Written By: (please print)	DID	Date:	Signature:
Major D. L. Jenkins	D218	9/14/2018	
Approved By: (please print)	DID	Date:	Signature:

ADM049.03 02/09

Inmate Incident # JA18-1798

Booking Number: 1818396

Inmate Information

Name:	May, antonio		
Date of Birth:		SO Number:	P01095052
Gender:	Male	Social Security:	
Race:	Black	Driver's License:	

Incident Information

Date:	09/11/2018	Time:	3:45 PM
Badge #:	2985		
Officer Name:	Saadiq; Jamillah		
Violation Type:	No Violation	Location:	Intake
Incident Type:	Information		

<u>Party</u>	<u>Connection</u>	<u>Violations</u>
May, antonio	Inmate	

Incident Report # JA18-1798

Date:	09/12/2018	Time:	12:39 AM
Badge #:	2985	Officer Name:	Saadiq, Jamillah
Report Type:	Initial Report		

Narrative:

On September 11, 2018 I Sgt. J. Saadiq DID 2985 was assigned as the second shift supervisor over the new intake area. After the completion of headcount, taking over from the 7-3 shift, I began to do my rounds to assess what needed to be done first. At approximately 1540 hours I walked passed cell 172 and noticed an inmate standing completely naked masturbating in the doorway. I went and grabbed a screen to place in front of the door so that other people walking by did not have to witness him openly exposing himself. I then went to the desk area to ask the remaining members from the 7-3 shift, who the inmate was and how far along he was in the intake process. I was advised that the inmate just needed to be medically screened.

After gathering information on the inmate, he was identified as May, Antonio BK#1818396. I went back over to the cell and told inmate May to put his pants on. He responded by saying for what. I then advised Officer A. Cook DID 1168 from DART of May's status. I explained that he was naked in the cell, refusing to get dressed. I explained that he needed to be medically screened to finish his last step in the intake process. I walked back over to the cell to give another directive for inmate May to put his pants back on. Officer Cook came over to the cell and gave another directive for inmate May to get dressed. He replied by saying I ain't doing that shit. Officer Cook told inmate May once again to put his clothes on. He failed to comply. I advised the tower to open cell 172. While the cell door was opening, Officer Cook displayed his county issued Taser giving inmate May another directive to put his pants on. He told him to back away from the cell door and inmate May replied that he wasn't moving. After a final directive, Officer Cook deployed his County issued Electronic Control Device. Additional assistance by the remaining DART members quickly arrived. Officers W. Whitaker DID D1005, J. Roache DID D1118, G. Delacruz DID D1159, and Copeland DID D1269 assisted Officer Cook

with attempting to restrain inmate May. Inmate May was kicking and actively resisting the officers attempting to get him cuffed.

I stepped over to the medical provider's room and explained to Physician's Assistant Didier that we had an inmate who had just been Tased and OC sprayed. I explained that after decontamination we would need him to be medically assessed. During this time inmate May is conscious and alert as he is being placed in a transport chair in order to get him to the shower area for decontamination.

I stood by at the desk area briefing Lt. D. Paige DID 2531, my direct supervisor, of the initial incident while waiting for DART to finish decontaminating inmate May. After inmate May was dressed, Lt. Paige and I went to the property area to check on inmate May. Provider Didier was escorted to the back by Officer Cook. He was called over to take a look at inmate May to give his medical evaluation, in order to proceed with the initial use of force report and getting him screened to be moved from intake. During this time, inmate May was still moving around and making noises while sitting in the chair.

Provider Didier left the property area and approximately two minutes later Officer Whitaker noticed that inmate May's eyes were not responding to light, and that his breathing patterns had changed. Inmate May was immediately taken out of the chair and moved to the floor. Simultaneously, I ran to get help from the medical staff. I informed the tower to announce a code blue. The code blue was called over the loud speaker and additional help came. Officer Copeland started CPR by doing mouth to mouth using a face shield. Officer Roache began chest compressions. As additional help came in, multiple people were working on chest compressions on inmate May. Multiple members of the medical team flooded the property area and that's when we as Officers began to back away and let them take over.

End of statement

Sgt. J. Saadiq Saadiq #2985

Incident Report # JA18-1798

Date:	09/12/2018	Time:	2:16 AM
Badge #:	D1168	Officer Name:	Cook, Aaron

Report Type: Supplement Report

Narrative:

On 09/11/2018 I D.O.A. Cook DID D1168 assigned to D.A.R.T (Direct Action Response Team) assisted 3-11 new intake staff with operations. Approximately 1545 hours, I D.O.A. Cook responded to assist Sgt J. Saadiq DID#2985 with a non-complaint unidentified inmate who was openly masturbating in front of staff and civilian staff inside holding cell #172. The inmate was later identified as May, Antonio Bk #1818396. Upon my arrival to the cell 172 I observed inmate May was fully exposed (nude). I immediately began to give directives to inmate May to back up from the cell door and put his clothes on, and he failed to comply after numerous commands to place his clothing on. I then asked the tower to open cell #172 while still giving loud verbal commands for inmate May to back up from the door and get on the ground face down. Inmate May refused to comply by stating For what, I Aint Doing that Shit and taking an aggressive stance in front of the cell door. I withdrew my county issued Taser X2 serial #X29003HFY, and still gave loud verbal commands to get on the ground in which he failed to comply. I discharged one cartridge, Serial #C6202R37N, giving a 5 second cycle taking him to the ground.

During the cycle of the Taser he was instructed to roll on his stomach and place his hands behind his back once again. He failed to comply by getting up from the ground and trying to run out of the cell. I pressed the Arc button to deliver another cycle which was ineffective. I then holstered my X2 Taser and began to assist other D.A.R.T Members Officer J. Roache DID D1118, W. Whitaker DID D1005, J. Goodwine DID D1138, J. Copeland DID D1269, G. Delacruz DID D1159, and O. Jackson DID D1135. While trying to restrain him, inmate May aggressively resisted by kicking and punching myself and other D.A.R.T members. Once I gained control of his legs, Officer Roache was able to

apply leg restraints. After being placed in restraints, inmate May was placed in a transport chair and transported to property to be decontaminated and dressed. When I left the property area to get the medical provider to evaluate inmate May, he was still alert and responsive. Upon my arrival going back to the property area I observed Officer J. Roach giving chest compressions until medical staff arrived and took over the compressions.
End of Statement

A. Cook #1168

Incident Report # JA18-1798

Date: 09/12/2018 Time: 2:18 AM
Badge #: D1138 Officer Name: Goodwine, Jamel

Report Type: Supplement Report

Narrative: On September 11, 2018 I Detention Officer J. Goodwine#D1138, assigned to the Direct Action Response Team (D.A.R.T.) was assisting in Intake. At approximately 1545 hours, Sgt. Saadiq spoke to Detention officer A. Cook # D1168 about an unidentified inmate (later identified as inmate May, Antonio booking#1818396) that had no clothing on and was masturbating in holding cell 172 while waiting to be medically screened. At that point D/O A. Cook#D1168, D/O O. Jackson#D1135, and myself walked over to the holding cell where inmate May, Antonio#1818396 was placed, to see what the issue was. Once we got there, inmate May was standing directly in front of the cell door. Officer Cook gave inmate May a loud verbal command to step back away from the door, in which inmate May replied Fuck all that I ain't going nowhere. At that point Officer Cook told the tower to open cell 172. Once the door opened, Officer Cook gave inmate May a second verbal command to place his clothes back on, turn around, and lay on the ground. Inmate May replied For what, I ain't doing shit. At that point Officer Cook deployed his county issued X2 taser striking inmate May in his side back region. Inmate May immediately fell to the ground. While on the ground Officer Cook asked inmate May to turn on his back, but that's when inmate May became very agitated, aggressive, combative, and even more non-compliant and started kicking his feet and swinging closed fists. At that point Officer Cook pressed the arc button on his county issued X2 taser dispersing another cycle of electricity to inmate May to gain compliance but had no effect on him. At that point Officer W. Whitaker#D1005, Officer J. Roache#D1118, Officer A. Cook#D1168, and Officer O. Jackson#D1135 tried to restrain inmate May, but inmate May was still aggressively resisting and non-compliant. At that point Officer Whitaker#D1005 deployed his county issued X2 taser striking inmate May in the abdomen area, but it had no effect on inmate May. With the taser being ineffective, Officer Whitaker deployed his county issued Oleoresin Capsicum spray to the facial area of inmate May. At that point inmate May was placed in handcuffs and leg irons, and was placed in a transportation chair and taken to the intake property area by D/O Cook, D/O Whitaker, D/O Jackson, D/O Copeland, D/O Roache, D/O De la Cruz, and myself to be decontaminated. After inmate May was showered and decontaminated and dressed, we noticed that he became unresponsive. Officer Whitaker checked to see if he could feel a pulse on inmate May's neck, to which he could not. We immediately removed inmate May from the transportation chair and placed him on the floor to begin CPR. Officer Copeland immediately got out his county issued CPR Microshield Barrier and started CPR on inmate May. Medical staff in intake was notified. Code Blue was announced at approximately 1610hrs. End of Statement.
D/O J. Goodwine *J. Goodwine #1138*

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:34 AM
Badge #: D1005 Officer Name: WHITAKER, WILLIAM

Report Type: Supplement Report

Narrative: On September 11, 2018, I Detention Officer William Whitaker DID# D1005 was assigned to the Direct Action Response Team (D.A.R.T.). At approximately 1530 hours, I Detention Officer William Whitaker was providing support in New Intake. At approximately 1545hrs, I saw Detention Officer A. Cook #D1168 standing in front of cell #172 accompanied by other officers and he was giving loud verbal commands to an inmate later identified as May, Antonio bk#1818396. As I made my approach to the tank I heard a Taser deploy and Officer Cook went into the cell. Once I arrived to the tank I observed inmate May very aggressively fighting staff and attempting to escape the cell. As I entered the tank inmate May made a lunge towards me at which point I quickly stepped back withdrew my county issued Taser (SN#X29003K6D), and deployed cartridge one (SN# C6202R4VK) towards the torso region. The cycle from the Taser cartridge deployment seemed ineffective at which point I made attempts to drive stun to cease combativeness and gain control of him for handcuffing.

During my attempts to drive stun him, the attempts appeared to be ineffective due to his flailing, wildly resisting and reaching for my Taser. Drive stun contacts using the Taser were attempted while compressing the arc button. I do not recall which were actually effective during the melee due to his continued erratic movement/behavior.

Inmate May continued to viciously fight attempts to be restrained by demonstrating extreme strength, refusing to get/stay down on the ground, and making attempts to exit the cell. I then deployed my county issued Sabre Red Oleoresin Capsicum Gel (SN#3518150) and contaminated the facial region. The OC contamination was partially effective enough so that handcuffs could be applied, which were immediately switched to waist chains although he continued to kick at officers with leg shackles applied.

Prior to being placed in the transport chair and after his hand and legs were secured I told everyone to stop, turn him on his side and allow him time to calm down and breathe which we did. Moments later he begins to struggle and fight the restraints at which point we stood him to his feet and placed him in the transport chair. A spit mask was applied by another team member but I do not recall at which point. Once he was placed in the transport chair the shoulder straps were secured, and we rolled him to the shower area for decontamination.

Once in the shower area, the spit mask was removed and he was rinsed thoroughly with water to clear all contaminants from his face and eyes. Once decontamination was complete, attempts were made to place county issued inmate pants on him, at which point he begins to kick and fight our efforts again. Other officers were able to remove one leg shackle at a time and put his pants on and then re-secure the leg shackles. Attempts were then made to secure his legs into the transport chair ankle straps, but he would kick wildly and/or lock his legs straight and stiffen his body like a board. A decision was then made to secure him with the lap strap. Officer Cook loosened the lap strap to provide slack, I looped it around the hook that was welded to the chair and then another officer removed the slack from the strap so it was snug across his lap.

Once secured using the waist strap another attempt was made to secure the ankle straps to prevent kicking. As officers bent down to work with the ankle straps, inmate May attempted to strike officers in the face with his feet as they crouched down. I assisted with tilting the chair back so that officers could have a better view and access of the ankle area. I then assisted with trying to hold his thighs against the seat of the chair, but he continued to stiffen his legs. In an attempt to loosen his legs and prevent further kicks I delivered a closed hand strike to his thigh/quad muscle, at which point he relaxed his leg enough so that his ankles could be secured to the chair's ankle straps.

Once fully secured to the chair using ankle straps, shoulder straps and lap strap, he was rolled him out of the shower area into the dress out staging area to determine the next course of action. Inmate May was moving around and making noises. A medical member came into the room to briefly evaluate him and then exited. At some point I tapped the side of his head to get his attention due to the fact he became quiet and movement was limited. Moments later a decision was made to remove his hand from behind his back and secure his wrists to the wrist straps in preparation for further medical evaluation. I

unsecured his left arm and assisted with securing it to the chair. As the arm was secured and under the wrist strap, I noticed that his arm was limp and his eyes were partially open.

I immediately checked for a pulse and felt none. I then checked his pupils for dilation using my flashlight, which there was no movement. I immediately requested a CPR Microshield to be on standby. We quickly removed him from the chair and placed him on the ground. According to witness reports and their time keepings, CPR immediately begins at 1612hrs. Officer Jermaine Copeland applied the Microshield to his mouth and begins to give breaths while I gave chest compressions. At 1613 hours, Officer Jason Roache gave chest compressions while Officer Copeland continued with providing breaths. At 1614 hours, I resumed chest compressions and at 1615hrs, medical staff took over and we stepped back from the scene.

-End Of Statement-

William Whitaker #D1005



Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:34 AM
Badge #:	D1118	Officer Name:	ROACHE, JASON
Report Type:	Supplement Report		

Narrative:

On September 11, 2018 I officer Roache DID #1118 was assigned to the D.A.R.T. (Direct Action Response Team) in intake. I heard a commotion by cell 172. I quickly went over to the location, and that s when I saw D/O Cook DID# D1168 giving verbal commands to inmate Antonio May BK #1818396 to get down on the floor. As I approached the door D/O Cook deployed his taser, and inmate May fell to the floor. Inmate May was naked and kicking and screaming get the fuck off me! Officer Whitaker DID # D1005, and myself tried to restrain him on the ground. D/O Whitaker deployed his OC canister at Inmate May. Inmate May quickly stood up from the ground and ran towards me attempting to exit the cell naked. I quickly grabbed him by the back of his neck, and pulled him towards the ground. In doing so he continued to resist, not wanting to get down on the ground. Officer Copeland DID # D1269 then came over to help restrain him.

Inmate May began to kick, and punch continuously. I grabbed his legs, and placed the leg irons on him to restrain him from kicking. While doing so, May continued to punch my legs multiple times. That s when I gave a loud verbal command to restrain his arms! While handcuffed and restrained, May continued to kick and attack fellow D.A.R.T. members. Officer Jackson and I restrained his legs while D/O Whitaker and D/O Copeland began to use the waist chains to restrain his body. He was then placed on his side. We then tried to put the clothes back on May but he continued to be aggressive towards us. For a short period he stopped kicking and began to rest. Shortly after the restraint chair was brought over, he was placed in it. He became aggressive refusing to go into the chair, so we covered his lower body with his pants and escorted him back to the property location to get him dressed and decontaminated.

After decontamination of the OC we began to dress inmate May by placing the pants on first. Once removing the leg irons, May began to kick repeatedly. I struck him once in his lower leg area with a closed hand which was non effective. Other D.A.R.T. members then tried to restrain his legs from kicking. After washing off the OC and getting inmate May dressed, we then placed him in the restraint chair, and brought him back to the front area of property. We then placed his hands in the front of the restraint chair, and noticed that May was becoming less responsive. I felt his chest to see if it would raise, I then looked at his face, and his eyes were non responsive. Provider Didier was then called over. D/O Copland began to give mouth to mouth resuscitation, and D/O Whitaker began CPR. We were then given an air breathing apparatus device. I helped D/O Copeland at approximately 1612 hours with chest compressions. I then took place of chest

compressions at approximately 1613 hours after D/O Whitaker. Medical came in after, and took control of the situation.
End OF Statement



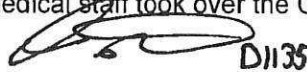
Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:35 AM
Badge #:	D1135	Officer Name:	Jackson, O
Report Type:	Supplement Report		

Narrative:

On September 11, 2018, I Detention Officer O. Jackson DID#D1135, while assigned to D.A.R.T (Direct Action Response Team) was assisting the 3-11 new intake staff with operations. While working in new intake I noticed that Sgt. J Saadiq placed a white screen in front of holding tank 172. Myself and Detention Officer A.Cook DID#D1135 walked towards the holding tank and seen that an unidentified male inmate was inside the tank completely naked. With the screen not completely covering the tank, he was told to put his clothes back on and at that point he replied I m not doing shit . At this point to prevent him from disrupting intake operations, an attempt was made to have him put his clothes back on in order to be fast tracked . Upon entering the cell, Detention Officer Cook gave the inmate who was later identified as May, Antonio Booking#1818396 verbal commands to step back and put his clothes on. On the first command he replied I m not moving anywhere . To gain compliance, Officer Cook then withdrew his Taser and aimed it towards the inmate and once again gave verbal commands for him to step back and put his pants on. He then stated put my pants on for what, I m not doing shit . Officer Cook then deployed his Taser striking him in his lower back. The inmate then fell to the ground and was told to turn on his stomach in which he did not comply. He immediately started to kick and roll around becoming non-complaint and combative. Officer Cook then pressed the ARC button on this TASER to deliver another cycle, but it was ineffective. At this point myself and fellow D.A.R.T members Detention Officer Roache DID#D1118 and Detention Officer J. Goodwine DID#D1138 attempted to gain control of his legs. Officer Roache was able to place him into leg restraints, but he still began to kick his legs around kicking at myself and Officer Roache. In order to gain full control of his legs I delivered a quick drive stun with my county issued X2 Taser (serial #X29003M57) to the left leg of inmate May. At that point I was able to get his legs crossed and folded to where he wouldn t be able to kick and swing his legs. While focusing on getting his legs controlled, I noticed that he had been sprayed with OC. Once his legs were restrained, he was placed into waist chains with his hands cuffed behind his back. With him still naked he was then placed into a transport chair and taken to the property area for decontamination from the OC spray. Inmate May was transported directly to the shower area of property for decontamination. While in the shower area he was still kicking his legs and moving around uncontrollably while in the restraint chair. The water hose was then turned on and water was then applied to the eyes of inmate May. Once his eyes were open, more water was then applied and the decontamination was done. Fulton County issued pants were then placed on inmate May one leg at a time by removing the restraints and placing them back on one leg at a time; having his legs placed inside the pants and his pants then being placed onto his body. Once the pants were placed on him he was taken to the front of the property room. Officer Cook then left property to locate the medical provider. Officer Cook then came into property with the medical provider. Inmate May was then seen by the provider. After the provider was attempting to speak to inmate May, we noticed that inmate May looked unresponsive. Detention Officer Whitaker checked for a pulse and didn t feel one. At 16:10 hours, a code Blue was then called by the provider, Didier. Inmate May was immediately taken out of the transport chair and placed onto the floor. At this point Detention Officer Copeland DID#D1269 immediately removed his face shield from his pocket, and he and Officer Whitaker then started CPR from 16:10 hours to 16:15 hours. At

1615 hours, the medical staff took over the CPR for inmate May.
End of Statement



Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:36 AM
Badge #:	D1269	Officer Name:	COPELAND, JERMAINE ANTONIO
Report Type:	Supplement Report		

Narrative: On September 11, 2018 while assigned to D.A.R.T (Direct, Action, Response, Team) I Detention Officer J. Copeland (DID D1269) was assisting 3-11 shift in new intake with searching an inmate. While I was conducting my search I heard a situation occurring. Once I completed the search I then ran over to assist Detention Officers A. Cook (DID D1168), W. Whitaker (DID D1005), J. Roache (DID D1118), O. Jackson (DID D1135), and J. Goodwine (DID D1138) with an unidentified inmate (later identified as May, Antonio) BK#1818396. As I approached the area, the inmate was down on the ground but still putting up a fight being very combative. We then applied the leg irons to gain control of the inmate and handcuffs were also applied. Once the handcuffs and leg irons were applied we escorted the inmate to the showers in a transportation chair. Inmate May was still behaving in a combative manner as we started the decontamination process. As he was being decontaminated, we then dressed inmate May and brought him out of the showers. After removing him from the shower, inmate May was conscious while in the chair. Provider Didier was escorted to the property area to take an initial assessment of inmate May before sending him to medical screening. Inmate May is still conscious and moving in the chair moments later. At approximately 1613 hours, Detention Officer Whitaker and Roache began to remove him from the chair and place him on the ground after they notice he was unresponsive. Detention Officer Whitaker stated does anyone have a face shield? I immediately removed mine from my pocket and placed it on inmate May's face and began mouth to mouth. Chest compressions were started by Detention Officer Whitaker. Code blue was called out and we continued CPR until medical staff arrived.

End of Statement

J. Copeland



Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:37 AM
Badge #:	D1019	Officer Name:	Strowder, Kenesia
Report Type:	Supplement Report		

Narrative: On Tuesday September 11, 2018, I, DART Team Member K. Strowder D1019 was assigned to the Fulton County Jail. At approximately 1549 hours an incident took place in new intake. DART Team Member A. Cook D1168 and Sgt. J. Saadiq #2985 approached holding cell 172 where an unidentified black male inmate was being held. The unidentified inmate was later identified as May, Antonio BK#1818396. While in the cell, May was naked. May was given verbal commands to put on his clothes so that he could get medically screened and fast tracked through the intake process due to his behavior. May failed to comply with all verbal commands that were given to him. Sgt. Saadiq then told the tower officer to open cell 172. Simultaneously as the door was opening, DART Team Officer Cook withdrew his Fulton County issued taser and gave the inmate verbal commands to step back. Officer Cook then then deployed his taser. At this time, more

DART Team Officers responded to cell 172 where the incident was taking place to assist. While I was doing crowd control as the incident went on, I saw DART Team Officer W. Whitaker D1005 tread backwards with his county issued oleoresin capicum (oc) spray in his hand. It seemed to me as though Officer Whitaker was in distress, so I went over to cell 172. Once I got to cell 172, the inmate s legs were restrained with leg chains. May was on the floor punching, kicking, and aggressively resisting all officers attempts to restrain him. I immediately pulled out my handcuffs in an attempt to restrain May s hands. In my attempt to restrain May, he grabbed my handcuff with his left hand and began to resist by tugging and pulling on the handcuffs. I gave May several, loud verbal commands to let go of the cuffs and he would not. I gave May approximately 4 closed fists to his face, arms, hand, and back with my right hand in order to release his hand from my cuff so that I could retrieve it. Once he released my handcuffs, I took steps backwards to exit the cell. As I started to walk backwards out of the cell, May attempted to turn around and grab at me. As I left out of the cell, Officer Whitaker handed me his oleoresin capicum spray. I then went to go get a spit mask from the front desk of new intake and handed it off to Officer Wilcher. I then continued to conduct crowd control and building a perimeter around cell 172. Inmate May was successfully restrained. Because of May s persistent behavior, Officer Wilcher went to Property and got a transport chair and brought it back to cell 172. May was put in the transport chair and taken to property to be decontaminated and medically examined. At 1610 hours, Sgt. Saadiq told the officers to call security and tell them that we had a code blue and to shut down intake. All inmates were locked down into the holding cells and all operations were ceased. Nurses from the medical screening area responded to property where the code blue occurred. I stood by waiting on the arrival of EMT and the fire fighters. End of statement.

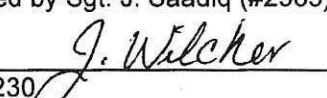
 D1019
K. Strowder D1019

Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:38 AM
Badge #:	D1230	Officer Name:	WILCHER, JORDAN BRIANNA

Report Type: Supplement Report

Narrative: On Tuesday September 11th 2018, I D.O J Wilcher (D1230) was assigned to D.A.R.T. (Direct Action Response Team) while assisting in New Intake. At approximately 1551 hours, I overheard a popping sound that resembled the sound of a Taser and I immediately responded. As I arrived to holding cell 172 my team members were engaged with an aggressive, non-compliant, and unidentified male inmate. I immediately assisted by forming a barrier around cell 172, providing security and crowd control. While conducting security and crowd control, I assisted members of the team when needed. I assisted by retrieving a spit mask from D.O Strowder (DID 1019) and retrieving the transport chair. After my assistance was no longer needed I resumed security and crowd control. I was later instructed by Sgt. J. Saadiq (#2985) to call security and inform them of a Code Blue.

End Of Statement  D1230
D.O. J Wilcher D1230

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:39 AM
 Badge #: D1159 Officer Name: Delacruz, Guito

Report Type: Supplement Report

Narrative: On September 11, 2018, I Detention Officer G. Delacruz DID# D1159 was assigned to the Direct Action Response Team (D.A.R.T.). At approximately 1549 hours, I overheard Detention Officer A. Cook DID#1168 giving loud verbal commands to an unidentified inmate in front of cell door 172 in New Intake area.

Officer Cook gave the inmate a direct order to put his clothing on and to get on the ground. The Inmate failed to comply and was tased with the county issued Taser by Officer Cook. As I ran towards cell 172 to assist, I observed the inmate who was identified as May, Antonio BK#1818396, who was extremely combative and also nude.

Inmate May refused to respond to verbal commands and started kicking and punching. At that point, Officer W. Whitaker DID# D1005 who was also assisting in gaining control of inmate May, tased him due to not gaining any compliance, but the Taser had little to no effect on inmate May. Inmate May continued to his combative behavior kicking and punching. Officer Whitaker sprayed him with his chemical agent (OC) issued by the county to gain control. Detention Officer J. Copeland DID# D1269 who was also assisting with inmate May, placed him in handcuffs. Officer J. Roache DID# D1118 placed him in leg restraints, while I put a spit mask on Inmate May.

Due to his continuous behavior, Inmate May was placed in a transport chair for decontamination. Inmate May was escorted to the Jail property shower and was decontaminated. I removed the leg restraints and Officer Copeland put uniform pants on inmate May. He then was escorted out of the shower to be seen by a medical provider due to him being tased and sprayed. Medical provider Didier came to evaluate inmate May, but all the prongs were already removed from his body. The medical provider stepped out to speak with his staff about seeing inmate May for triage, and to be escorted to the floors. While waiting on the medical staff, I and Deputy Francois attempted to speak with inmate May about his behaviors, and inmate May was not answering any questions. At that point Officer Whitaker attempted to remove inmate May's handcuffs from behind his back to place his harms on the transport chair. After I assisted with his harms on the transport chair, inmate May appeared to be unresponsive. Officer Whitaker checked inmate May's eyes and we immediately removed him from the transport chair, and we placed him on the ground. Officer Copeland and Whitaker started CPR. Officer Cook called medical for a code blue. Officer Copeland and Whitaker continued performing CPR until medical staff arrived and took over for medical treatment.

According to witnesses and time keepers; at 1610 hours, chest compressions (CPR) performed by Officer Whitaker and Officer Copeland, and Roache and Medical provider and staff responded at approximately 1611 hours. At 1612 hours, chest compressions (CPR) continued to be performed by Officer Whitaker and Officer Copeland, and Roache performing mouth to mouth. At 1613 hours, Roach conducted chest compressions and Copeland mouth to mouth. At 1614 hours, Officer Whitaker continued chest compression and Copeland mouth to mouth.

At 1615 hours, Medical staff took over and D.A.R.T Team cleared the scene.

End Of Statement.

 DID 1159

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:40 AM
 Badge #: D1185 Officer Name: ROWE, JASMINE

Report Type: Supplement Report

Narrative: On September 11, 2018 I Officer J. Rowe DID# 1185 was assigned as a D.A.R.T Team member (Direct Action Response Team) Assisting in New Intake. I responded to a situation where there was an unidentified irate individual that was noncompliant and

combative. Later on, the individual was identified as inmate May, Antonio BK#1818396. When I arrived to the scene, my team members were trying to gain compliance by placing handcuffs and leg irons on inmate May, who was kicking and moving uncontrollably. I assisted with the situation by handing off the leg irons to a team member, and providing security and control in the Intake area. Once my team members had the handcuffs and leg irons on, he was placed in the transport chair and taken to New Intake property area to be decontaminated from Oleoresin Capsicum spray. I then proceeded with the normal Intake operations.

Moments after, Sgt. Saadiq DID# 2985 announced that the provider was needed; I immediately ran into New Intake property area and observed D.O. Whitaker DID# D1005 giving chest compressions and D.O. Copeland DID#D1269 rendering mouth to mouth resuscitation. I was instructed by Lt. Paige DID#2531 to lock down New Intake and for everyone to be in a holding cell. I then continued to maintain security and control of New Intake.// END OF STATEMENT//

D.O. J.Rowe D1185

J. Rowe D1185

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:40 AM
 Badge #: D1196 Officer Name: STOVALL, MARY

Report Type: Supplement Report

Narrative: On September 11, 2018 I Officer M. Stovall DID#D1196 was assigned to D.A.R.T (Direct Action Response Team) while assisting New-Intake. At approximately 1545 hours, myself and team members were informed that an unidentified inmate around cell 172 was extremely combative. That inmate was located in cell 172. Myself and team members began to create a barrier for securing the scene as the male D.A.R.T members attempted to gain control. The inmate in cell 172 was later identified as inmate May, Antonio BK#1818396. After gaining control of the incident, D.A.R.T members transported inmate May, Antonio to New-Intake Property by transport chair. I began to maintain Security and crowd control by locking New-Intake down from the observation tower. CODE BLUE was called for New-Intake Property approximately at 1610 hours. I then arrived on the scene to record the events that took place. At approximately 1611 hours, Medical Provider Didier and staff (Naph-Care) responded to the CODE BLUE. At approximately 1612 hours, D.A.R.T member W. Whitaker DID#D1005 began to apply manual chest compressions and D.A.R.T Member J. Roache DID# D1118 gave rescue breaths. At approximately 1613 hours, a relief occurred, J. Roache DID# D1118 began to apply manual chest compressions and J. Copeland DID#D1269 gave rescue breaths. At approximately 1614 hours, a relief occurred with W. Whitaker DID#D1118 who began applying manual chest compressions and J. Copeland DID#1269 gave rescue breaths. At approximately 1615 hours, Medical staff took over and D.A.R.T was cleared from scene. Meanwhile at approximately 1616 hours an AED (Automated External Defibrillator) was applied by Medical Staff, and again at approximately 1620 hours an AED (Automated External Defibrillator) was applied by Medical staff. At approximately 1624 hours, EMS (Emergency Medical Service) arrived on scene to New-Intake Property. The scene was secure and safe, my Team Members and I exited the Intake - property area leaving inmate May in the care of Medical Staff (Naph Care) and EMS.

END OF STATEMENT

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:41 AM

M. Stovall DID# 1196

Badge #: D1100 Officer Name: Adams, John A

Report Type: Supplement Report

Narrative: On 9/11/2018, at approximately 1600 hours, I D.O. John Adams #D1100 was assigned to Intake property Dressing area. Deputy Gilbert Francois and I were making Bins to dress new inmates that were in the holding tanks. During that time, the Dart team entered in with inmate Antonio May #1818396 asking for assistance to turn the shower on for decontamination from OC Spray. I witnessed the Dart Team place inmate May under the shower, and I put the water hose on as well for them. Inmate May was conscience because he was talking. After the decontamination, inmate May was taken out of the shower and was placed in a clean uniform. At that point I exited out of the property area to take inmate bins to the released side.

END OF STATEMENT John Adams D1100

Incident Report # JA18-1798

Date: 09/12/2018 Time: 3:42 AM
Badge #: 2531 Officer Name: PAIGE, DERRICK

Report Type: Supervisor Investigation Report

Narrative: On September 11, 2018, I, Lt. Derrick Paige #2531 was assigned as Unit Manager for the New Intake area as well as Commander of D.A.R.T. Team operations. At 1602hrs (4:02pm), I was advised by 3-11 New Intake Shift supervisor (Sgt. Jamillah Saadiq) that a Use of Force had just occurred. As I arrived to the area, I was advised by Sgt. Saadiq that an inmate who was being held in holding tank 172 had removed all of his clothing and was completely nude. Sgt. Saadiq directed the inmate to put back on his clothes, in which he failed to comply with her directives. Sgt. Saadiq stated that D.A.R.T. Team member D.O. Arron Cook approached holding tank 172 and directed the same inmate to put his uniform back on in which he failed to comply with his directives also. I was advised that while the inmate was completely nude, he was observed masturbating in tank 172 which is directly in front of the nurse s station.

At that time while D.O. Cook was standing in the doorway with it closed, I was told that the inmate was still fully nude. D.O. Cook directed the inmate to put his uniform on and the inmate further declined. It was stated that the inmate was told to step back from the door in which he failed to follow that directive as well. Sgt. Saadiq stated that she advised tower control (S/S Jasmine Nixon) via radio to open cell 172. I was informed that the inmate continuing to be non-compliant, was tased by D.O. Cook in which the taser had no effect. I was informed then that D.O. William Whitaker drive stunned the inmate in which that had no effect, and subsequently D.O. Whitaker deployed his O.C. (Oleoresin Capsicum) spray to the facial area. It was stated that the O.C. spray had some effect but the inmate was still non-compliant and additional D.A.R.T. Team members (Jason Roache, Jermaine Copeland, William Whitaker, Guito Delacruz, Jamel Goodwine) assisted with getting the inmate in restraints. It was then that the restraint chair was brought in to assist with subduing the inmate.

As I arrived to the New Intake property area along with Sgt. Saadiq, I observed the inmate (identified as May, Antonio bkg 1818396) in the restraint chair. As I observed staff and the inmate, I could see that the inmate was alert and breathing. During that time Physician s Assistant Diddier was present while observing the inmate conscious and breathing. I noticed that the inmate still had handcuffs on and was restrained in the restraint chair with his shoulders immobilized. At that time I instructed the officers to remove the handcuffs and place his wrists inside the restraints that were attached to the restraint chair. At that

point while placing his left wrist in the restraint, it was observed that the inmates eyes were fixated in one position facing forward. D.O. Whitaker shined his flashlight into the eyes of the inmate and at that time there was no response. D.O. Whitaker then placed his fingers on his neck to determine if there was a pulse and there was none. I then instructed the team members to remove the inmate from the chair, place him on the floor and begin life saving measures.

I observed D.O. Roache giving breaths of air, while D.O. Whitaker began chest compressions at 1612hrs. DART Team members interchanged and at 1613hrs D.O. Roache gave chest compressions while D.O. Copeland gave breaths of air. At 1614hrs D.O. Whitaker continued with chest compressions while D.O. Copeland gave breaths of air. At that time I ordered staff (Dep. B.J. Henderson) to notify Fulton County Radio and dispatch EMS to the Fulton County Jail (New Intake area). At 1611hrs I notified Major Dexter Jenkins of the situation (Code Blue). Immediately after, I notified Captain Baxter at 1612hrs. D.A.R.T. Team members continued lifesaving efforts until relieved by Naphcare medical staff at 1615hrs. At 1616hrs Naphcare medical staff applied an AED. Naphcare medical staff applied another AED to the inmate. Atlanta Fire and Rescue arrived shortly after and assisted with lifesaving measures until Grady EMS arrived at 1624hrs. Ultimately the inmate was pronounced dead at 1648hrs. At that time all personnel involved with life saving measures exited the area, and the area was closed off for further investigation.

END OF STATEMENT

Lt. Derrick Paige #2531

Lt. Derrick E. Paige 2531

Incident Report # JA18-1798

Date:	09/12/2018	Time:	3:43 AM
Badge #:	2737	Officer Name:	RICHARDSON, ANTONIO
Report Type:	Manager Approval Report		

Narrative:

On September 11, 2018; I, Lieutenant A. Richardson DID #2737 was assigned as a Unit Manager of the Fulton County Jail. At approximately 1700 hours, I was tasked to oversee the fundamental structure of the report generated from Intake [JA18-1798 Information]. I created a timeline to reflect the statements of all officers involved. At approximately 0858 hours, inmate May, Antonio Bk# 1818396 Black Male / D.O.B. 05-08-1986 was booked into the Fulton County Jail. At approximately 1545 hours, an altercation ensued with inmate May and the Fulton County Sheriff's Office. And in particular, the D.A.R.T. team helped to subdue inmate May. In the process of gaining his compliance; May was subjected to the use of an Electronic Control Device, as well as Chemical spray, both county issued articles. After the altercation, inmate May was examined by the Medical staff in the intake area, and within minutes of his initial examination, expired in the property room of the new intake area. A general account of the aftermath that transpired afterwards occurred as follows:

At approximately 1720 hours, Sergeant S. Johnson from the Office of Professional Standards of the Fulton County Sheriff's Office arrives to new intake he departs from the integral part of the scene at approximately 2130 hours.

At approximately 1734 hours, Sergeant C. Pace from the Office of Professional Standards of the Fulton County Sheriff's Office arrives to new intake he departs from the integral part of the scene at approximately 2200 hours.

At approximately 1800 hours, Sergeant K. Jones from the Office of Professional Standards of the Fulton County Sheriff's Office arrives to new intake he departs from the integral part of the scene at approximately 2318 hours.

At approximately 1830 hours, Atlanta Police Department homicide unit arrives in new intake they depart from the integral part of the scene at approximately 1902 hours.

At approximately 1940 hours, Lieutenant S. Hicks from the Office of Professional Standards of the Fulton County Sheriff's Office arrives to new intake she departs from the integral part of the scene at approximately 2200 hours.


At approximately 2034 hours, the Georgia Bureau of Investigation personnel start to arrive in new intake. In the midst of their investigations, they commence their individual interviews with the parties involved at approximately 2130 hours. They depart from the integral part of the scene at approximately 0100 hours.

At approximately 2253 hours, the Medical Examiner arrives to new intake He departs from the integral part of the scene at approximately 0220 hours.

At approximately 2345 hours, representatives from the Fulton County District Attorney's Office arrive to new intake They depart from the integral part of the scene at approximately 0030 hours.

Due to the nature and severity of this situation, I have carefully read all of the presented statements of the officers involved. Given their individual knowledge of all information pertaining to inmate May, I agree with their actions.

END OF STATEMENT


Lieutenant A. Richardson #2737

Fulton County Sheriff's Office Use of Force Report

☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☒ ELECTRICAL CONTROL DEVICE (ECD)

☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9

☐ PHYSICAL CONTROL (Injury) ☒ OTHER (Specify) Soft Hands

Section A (Incident)				
INCIDENT	Case Number: JA18-1798	Date: 09-11-2018	Time: 1545	Day of Week: Tuesday
	Incident Type: Use of Force		Location: New Intake	
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____			
	Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify) _____			
	Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input checked="" type="checkbox"/> Good Artificial <input type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

Section B (Agency Member)			
AGENCY MEMBER	Deputy/Officer's Name: A. Cook	DID: 1168	Assignment: D.A.R.T
	Deputy/Officer Status: <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input checked="" type="checkbox"/> Weapons Training is current		<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes
	Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		
	If Treated, Where: _____		
	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____		

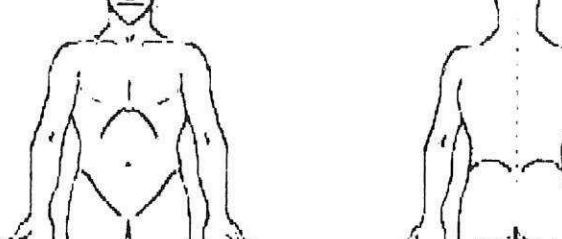
Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed
	<input type="checkbox"/> Impact Weapon [Type]: _____
	<input checked="" type="checkbox"/> Physical Control : Soft Hands to apply restraints to the legs
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____
	<input type="checkbox"/> Other (Specify) _____
	<input checked="" type="checkbox"/> ECD [Make and Model]: X2 TASER SN#: X29003HFY Displayed Only: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Cartridges Used: 1 Number of Cycles Applied: 2 Probe Deployment: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approximate Target Distance at the Time of Deployment: 3-5FT Drive Stun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____

Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured
	Weapon Used [Make & Model]: _____ Number Rounds Fired _____
	Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name:	DOB:	SEX:	Race:
	May, Antonio	C	male	African American
	Book-In Number:			
	1818396			
	Warrant Number:			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal			
	<input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior)			
	<input checked="" type="checkbox"/> Other <u>non-compliant</u>			
	Subject's Action/Resistance (Check All That Apply):			
<input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled				
<input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property				
<input type="checkbox"/> Possessed Weapon [Type]: _____				
<input type="checkbox"/> Used Weapon [Type]: _____				
<input type="checkbox"/> Other (Specify): _____				

<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA: <u>naphcare medical personal</u></p> <p>See Report</p> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By Whom: <u>Lt D. Paige</u></p>	 <p><u>Note:</u> Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	W. Whitaker	901 Rice Street Atlanta Ga 30318	404-613-2058
	J Roache	901 Rice Street Atlanta Ga 30318	404-613-2058

Section J (Narrative)	
NARRATIVE	Describe Why and How Force Was Used:
	<p>On September 11, 2018 I D.O A. Cook DID1168 responded to situation in new intake where inmate May, Antonio Bk#1818396 was in holding cell #172 naked and exposing himself by masturbating towards officers and civilians staff. I D.O A. Cook approached the cell door and began giving verbal commands to back away from the door and to put your clothing back on he ignored all verbal commands. Inmate May Stated "For What I Aint Doing That Shit" and took a aggressive stance by placing is right foot back and clinching his fist in front of the cell door. While still giving loud verbal commands to lay on the ground and to place your hands behind your back inmate May continued to fail to comply. I withdrew my county issued X2 Taser deploying one cartridge giving one 5 second cycle. Once the cartridge was deployed verbal commands where given to roll on his stomach and place his hands behind his back. Inmate May still resisted and failed to comply by getting up and trying to run out of the cell. At that time I engaged my arc switch on the X2 Taser delivering another cycle which was ineffective. Due to it being ineffective my X2 Taser was holstered and I began to assist my team members in restraining inmate May while he was kicking and punching and aggressively resisting. I was then able to gain control of his legs so that leg restraints could be placed on him. Once inmate May was restrained he was escorted to property to be decontaminated an dressed.</p> <p>End Of Statement</p>

Administrative Information:	
Internal Affairs Notified:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
Internal Affairs Responded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Investigator: _____ DID: _____
Deputy/Officer Signature:	<u>A. Cook D1168</u> Date: <u>09-11-18</u>
Supervisor (Name):	<u>Lt. Richardson</u> DID: <u>2137</u>
Signature:	<u>A. Z...</u> Date: <u>09/11/2018</u>
Distribution: Original – Internal Affairs Section Copy – Accompanies Incident Report	



Fulton County Sheriff's Office
Use of Force Report

- ☒ OC
 ☐ IMPACT WEAPON
 ☐ FIREARM
 ☒ ELECTRICAL CONTROL DEVICE (ECD)
☐ LESS-LETHAL MUNITIONS
 ☐ VICIOUS/INJURED ANIMAL
 ☐ K-9
☒ PHYSICAL CONTROL (No Injury)
 ☐ OTHER (Specify) _____

Section A (Incident)			
INCIDENT	Case Number:	Date:	Time:
	JA18-0471	9-11-2018	1545
	Day of Week:		
	Tuesday		
	Incident Type:		Location:
Failure To Comply		New Intake cell#172	
Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____			
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input checked="" type="checkbox"/> Other (Specify) <u>Inside facility</u>			
Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Good Artificial <input checked="" type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

Section B (Agency Member)		
AGENCY MEMBER	Deputy/Officer Name:	DID:
	W. Whitaker	D1005
	Assignment:	
	DART	
	Deputy/Officer Status: <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input checked="" type="checkbox"/> Weapons Training is current	
Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		
If Treated, Where: _____ _____		
Photo(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Taken by: _____		



Fulton County Sheriff's Office Use of Force Report

Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed </div>
	<input type="checkbox"/> Impact Weapon [Type]: _____
	<input checked="" type="checkbox"/> Physical Control : <u>hard hands</u>
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37mm <input type="checkbox"/> 40mm Number Fired _____
	<input type="checkbox"/> Other (Specify) _____
	<input checked="" type="checkbox"/> ECD [Make and Model]: <u>Taser X2</u> Serial Number: <u>X29003K6D</u> Number of Cartridges Used: <u>1</u> Number of Cycles Applied: <u>1 full cycle (not including drive stuns)</u> Probe Deployment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Approx. Target Distance at the Time of Deployment: <u>3'-5"</u> Drive Stun: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
<input checked="" type="checkbox"/> OC [Make]: <u>Sabre Red</u> Number of Times Sprayed: <u>2</u> Distance From Subject: <input type="checkbox"/> Less than a Foot <input checked="" type="checkbox"/> 1-3 Feet <input type="checkbox"/> 4+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input checked="" type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was spray Effective : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Decontamination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By Whom: <u>W. Whitaker</u>	
Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured Weapon Used [Make and Model]: _____ Number of Rounds Fired _____ Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable



Fulton County Sheriff's Office Use of Force Report

Section E (Other Injuries)	
OTHER INJURIES	<p>Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: _____</p> <p>Address: _____</p> <p>Type of Injury: _____</p>

Section F (Property Damage)	
PROPERTY DAMAGE	<p>Property Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Owner: _____</p> <p>Type: _____</p>

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: May, Antonio	DOB: 5-8-1986	Sex: Male	Race: Black
	Booking Number: 1818396			
	Warrant Number: _____			
	<p>Subject's Condition/Behavior:</p> <p><input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal</p> <p><input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior)</p> <p><input checked="" type="checkbox"/> Other <u>extremely combative and aggressive</u></p>			
	<p>Subject's Action/Resistance (Check All That Apply):</p> <p><input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled</p> <p><input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property</p> <p><input type="checkbox"/> Possessed Weapon [Type]: _____</p> <p><input type="checkbox"/> Used Weapon [Type]: _____</p>			



Fulton County Sheriff's Office Use of Force Report

INJURY LOCATION	<p><u>Injury:</u></p> <p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Complaint of Injury <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal </p> <p>If Treated, Where: <u>Fulton County Jail</u> <u>Medical</u> <u>provider</u> </p> <p> <input type="checkbox"/> Refused Treatment Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Taken by Whom: <u>LT. D. Paige</u> </p>	
		<p><u>Note:</u> Indicate approximate Taser locations by placing a "●" on the diagram. Indicate OC Gel contamination by placing "☄" on the diagram.</p>

Section H (Disposition of Subject)	
DISPOSITION OF SUBJECT	<p>Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Arresting Agency: _____ </p>

Section I (Disposition of Subject)				
WITNESS INFORMANT	TION	NAME	ADDRESS	TELEPHONE
		O. Jackson	901 Rice Street Atlanta, Ga. 30318	404-613-33910
		A. Cook	901 Rice Street Atlanta, Ga. 30318	404-613-33910
		J. Roache	901 Rice Street Atlanta, Ga. 30318	404-613-33910
		J. Copeland	901 Rice Street Atlanta, Ga. 30318	404-613-3910



**Fulton County Sheriff's Office
Use of Force Report**

Section J (Narrative)

NARRATIVE

On 9-11-18 at approximately 1545hrs I D.O. W. Whitaker DID#1005 entered tank #172 located in New Intake to assist with a combative inmate. Once inside the tank I came into contact with inmate May, Antonio bk#1818396. Inmate May made a lunge towards me at which point I quickly took a step back, withdrew my county issued Taser (SN#X29003K6D and deployed cartridge one (SN# C6202R4VK) towards his torso region. The cycle from the Taser cartridge seemed to not be effective at which point I made attempts to drive stun to gain control so that he could be handcuffed but that too appeared ineffective. (see statement for additional details) Inmate May continued to viciously fight attempts to be restrained, refusing to get/stay down on the ground and continued to make attempts to exit the cell. I then deployed my county issued Sabre Red Oleoresin Capsicum Gel (SN#3518150) and contaminated the facial region. Once OC contamination occurred it was effective enough so that handcuffs, waist chains and leg shackles could be applied. He was then secured in a transport chair and taken to the property shower area where we decontaminated him. Once in the shower area inmate May began to kick at officers as they crouched down to secure his legs and would also stiffen his legs. To loosen his legs so that they could be secured in the transport chair's ankle straps, I delivered a closed hand strike to his thigh/quad muscle and he relaxed his legs long enough to be secured in the ankle straps.

Administrative Information:

Was the Office of Professional Standards Notified? ☒ Yes ☐ No Time: _____

Did the Office of Professional Standards Respond? ☒ Yes ☐ No Investigator: _____

Officer's Signature: [Signature] #1005 Date: 9-11-18
 Supervisor's Name: Lt. Richardson DID: 2137
 Supervisor's Signature: [Signature] Date: 09/11/2018

Distribution: Original- Internal Affairs Section Copy- Accompanies ***Incident Report***



**Fulton County Sheriff's Office
Use of Force Report**

Fulton County Sheriff's Office

Use of Force Report

☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☐ ELECTRICAL CONTROL DEVICE (ECD)

☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9

☒ PHYSICAL CONTROL (Injury) ☐ OTHER (Specify) _____

Section A (Incident)			
INCIDENT	Case Number: JA18-1798	Date: 9-11-18	Time: 1548
	Incident Type: Failure to comply		Day of Week: Tuesday
	Location: Intake		
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____		
	Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input checked="" type="checkbox"/> Other (Specify) _____		
Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Good Artificial <input checked="" type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

Section B (Agency Member)		
AGENCY MEMBER	Deputy/Officer's Name: J. Roache	DID: D1118
	Assignment: DART	
	Deputy/Officer Status: <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input checked="" type="checkbox"/> Weapons Training is current	
	<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
	Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	
If Treated, Where: _____		
Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
By Whom: _____		

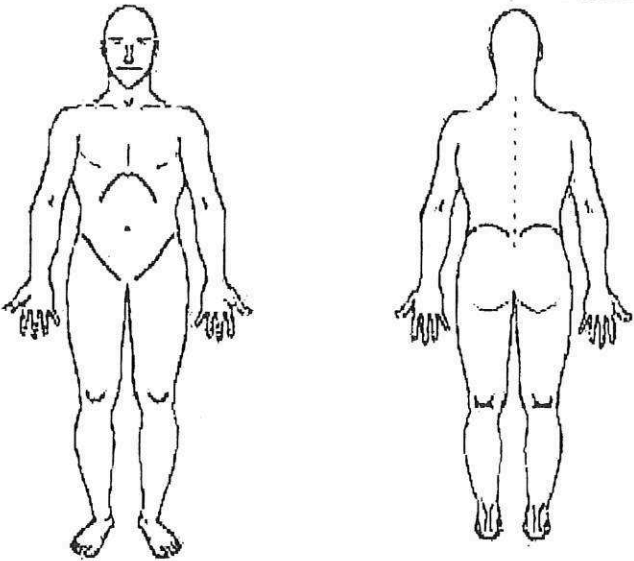
Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed
	<input type="checkbox"/> Impact Weapon [Type]: _____ <input checked="" type="checkbox"/> Physical Control : Placing inmate on the ground.
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____ <input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> ECD [Make and Model]: _____ SN#: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Cartridges Used: _____ Number of Cycles Applied: _____ Probe Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Target Distance at the Time of Deployment: _____ Drive Stun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____

Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured
	Weapon Used [Make & Model]: _____ Number Rounds Fired _____
	Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: Antonio May		DOB: _____	SEX: Male
	Race: Black			
	Book-In Number: 1818396			
	Warrant Number: _____			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal <input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior) <input checked="" type="checkbox"/> Other Combative, aggressive, erratic			
	Subject's Action/Resistance (Check All That Apply):			
	<input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled <input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property			
	<input type="checkbox"/> Possessed Weapon [Type]: _____			
	<input type="checkbox"/> Used Weapon [Type]: _____			
<input type="checkbox"/> Other (Specify): _____				

<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By Whom:</p> <p>Lt: Paige</p> <p>_____</p>	 <p><u>Note:</u> Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	D/O COOK	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O WHITAKER	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O COPELAND	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O JACKSON	901 Rice Street Atlanta, GA 30318	404-613-2058

Section J (Narrative)	
NARRATIVE	Describe Why and How Force Was Used:
	<p>On September 11, 2018 I Detention officer J.Roache DID # 1118 was assigned to D.A.R.T. (Direct Action Response Team) in intake. At approximately 1548 I overheard a commotion coming from cell 172. I assisted D/O A.Cook with a combative inmate later identified as Antonio May Bk # 1818396. When I entered the cell inmate May was on the ground, swinging his body violently. I tried to restrain him but he broke loose, and got up off the floor rushing towards me to exit the cell naked. I utilized force by grabbing the back of his neck by pulling him down towards the ground. Also placed leg irons on his legs and restrained his legs while he was being handcuffed.</p> <p>I also utilized force by striking inmate May to his right leg once, due to the fact he was kicking violently when trying to restrain him during the time of him getting dressed. I then helped to place him back in the restraint chair. End of Statement.</p>

Administrative Information:			
Internal Affairs Notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time: _____
Internal Affairs Responded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator: _____ DID: _____

Deputy/Officer Signature: *J. Roache* D 1118 Date: 9/11/18

Supervisor (Name): H. Richardson DID: 2131

Signature: *A. [illegible]* Date: 09/11/2018

Distribution:	Original – Internal Affairs Section	Copy – Accompanies Incident Report
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Fulton County Sheriff's Office Use of Force Report

- ☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☒ ELECTRICAL CONTROL DEVICE (ECD)
- ☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9
- ☐ PHYSICAL CONTROL (Injury) ☐ OTHER (Specify) _____

Section A (Incident)				
INCIDENT	Case Number: JA18-1798	Date: 9/11/2018	Time: 15:45	Day of Week: Tuesday
	Incident Type: Information		Location: New Intake	
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____			
	Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify) _____			
	Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input checked="" type="checkbox"/> Good Artificial <input type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

Section B (Agency Member)			
AGENCY MEMBER	Deputy/Officer's Name: O. Jackson	DID: D1135	Assignment: D.A.R.T
	Deputy/Officer Status:		<input checked="" type="checkbox"/> Uniform
	<input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input checked="" type="checkbox"/> Weapons Training is current		<input type="checkbox"/> Plain Clothes
	Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		
	If Treated, Where: _____ _____		
Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
By Whom: _____			

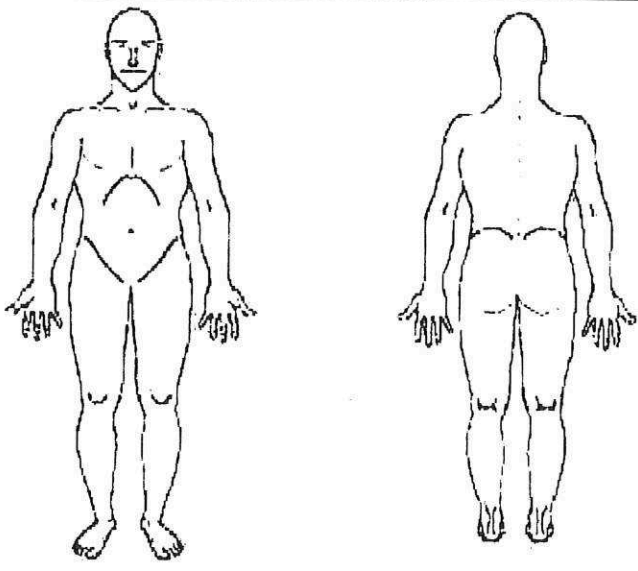
Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed
	<input type="checkbox"/> Impact Weapon [Type]: _____
	<input type="checkbox"/> Physical Control : _____
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____ <input type="checkbox"/> Other (Specify) _____
	<input checked="" type="checkbox"/> ECD [Make and Model]: <u>X2 Taser</u> SN#: <u>X29003M57</u> Displayed Only: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Cartridges Used: <u>0</u> Number of Cycles Applied: <u>0</u> Probe Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Target Distance at the Time of Deployment: _____ Drive Stun: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____

Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured
	Weapon Used [Make & Model]: _____ Number Rounds Fired _____
	Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: Antonio May	DOB: 5	SEX: Male	Race: Black
	Book-In Number: 1818396			
	Warrant Number: _____			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal <input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior) <input checked="" type="checkbox"/> Other Combative			
	Subject's Action/Resistance (Check All That Apply):			
	<input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled <input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property <input type="checkbox"/> Possessed Weapon [Type]: _____ <input type="checkbox"/> Used Weapon [Type]: _____ <input type="checkbox"/> Other (Specify): _____			


<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA: <u>NP Dider</u></p> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>By Whom: _____</p>	 <p><u>Note:</u> Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	Aron Cook	901 Rice Street. Atlanta GA 30318	404-613-3910
	William Whitaker	901 Rice Street. Atlanta GA 30318	404-613-3910
	Jason Roache	901 Rice Street. Atlanta GA 30318	404-613-3910
	Guito Delacruz	901 Rice Street. Atlanta GA 30318	404-613-3910

Section J (Narrative)	
NARRATIVE	Describe Why and How Force Was Used:
	<p>On September 11, 2018 I, Detention Officer O. Jackson DID 1135 while assigned to DART(Direct Action Response Team) was working in new intake on the 3-11 shift. There was a non-compliant inmate who was naked inside the holding tank. The inmate identified as May, Antonio1818396 was given several verbal commands to step back and put his clothes back on. Due to his noncompliance he was then tased. After being tased I assisted with getting him restrained by gaining control of his legs by holding his legs down so leg restraints can be placed on him. Once the restraints were placed onto his legs he was still able to move his legs freely and kick his legs around and was kicking at myself and other officers. To stop him from kicking his legs I delivered a drive stun with my county issued X2 Taser(serial #X29003M57) to the left leg of inmate May. At that point I was able to get his legs crossed and folded to where he wouldn't be able to kick and swing his legs. I then maintained control of his legs until he was placed into other restraints and placed into the transport chair.</p>

Administrative Information:			
Internal Affairs Notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time: _____
Internal Affairs Responded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator: _____ DID: _____

Deputy/Officer Signature:  Date: 9/11/2018

Supervisor (Name): Lt. Richardson DID: 2137

Signature: A. 322 Date: 09/11/2018

Distribution:	Original – Internal Affairs Section	Copy – Accompanies Incident Report
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Fulton County Sheriff's Office Use of Force Report

- ☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☐ ELECTRICAL CONTROL DEVICE (ECD)
☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9
☐ PHYSICAL CONTROL (Injury) ☒ OTHER (Specify) soft hands

Section A (Incident)			
INCIDENT	Case Number: JA18-1798	Date: 9/11/2018	Time: 15:45
	Incident Type: Failure to Comply		Location: New Intake
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____		
	Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify) _____		
	Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input checked="" type="checkbox"/> Good Artificial <input type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used		

Section B (Agency Member)		
AGENCY MEMBER	Deputy/Officer's Name: J. Copeland	DID: D1269
	Assignment: D.A.R.T	
	Deputy/Officer Status: <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Weapons Training is current	
	<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
	Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	
	If Treated, Where: _____ _____	
Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
By Whom: _____		

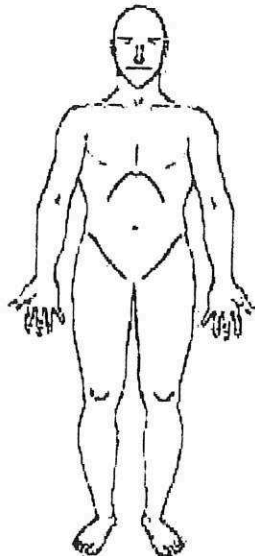
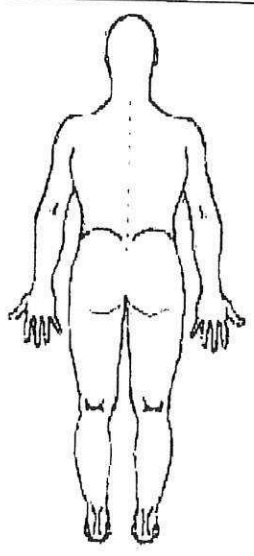
Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed </div>
	<input type="checkbox"/> Impact Weapon [Type]: _____
	<input checked="" type="checkbox"/> Physical Control : <u>soft hand applied handcuff</u>
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____
	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> ECD [Make and Model]: _____ SN#: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Cartridges Used: _____ Number of Cycles Applied: _____ Probe Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Target Distance at the Time of Deployment: _____ Drive Stun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____

Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured
	Weapon Used [Make & Model]: _____ Number Rounds Fired _____
	Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: Antonio May	DOB: _____	SEX: Male	Race: Black
	Book-In Number: 1818396			
	Warrant Number: _____			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal			
	<input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior)			
	<input checked="" type="checkbox"/> Other Combative			
	Subject's Action/Resistance (Check All That Apply):			
	<input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled			
	<input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property			
<input type="checkbox"/> Possessed Weapon [Type]: _____				
<input type="checkbox"/> Used Weapon [Type]: _____				
<input type="checkbox"/> Other (Specify): _____				

<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA: <u>NP Dider</u></p> <hr/> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By Whom: <u>Lt. Paige</u></p>	<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p><u>Note:</u> Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	Arron Cook	901 Rice Street. Atlanta GA 30318	404-613-3910
	William Whitaker	901 Rice Street. Atlanta GA 30318	404-613-3910
	Jason Roache	901 Rice Street. Atlanta GA 30318	404-613-3910
	Guito Delacruz	901 Rice Street. Atlanta GA 30318	404-613-3910

Section J (Narrative)

NARRATIVE

Describe Why and How Force Was Used:

On September 11, 2018 while assigned to D.A.R.T. (Direct, Action, Response, Team) I, Detention Officer J. Copeland DID1269 was assisting 3-11 Shift in new intake when I noticed a situation occurring in holding tank 172. I then quickly responded to the area and I assisted by handcuffing inmate Antonio May BK#1818396 by taking his right arm first and cuffing it then bringing his left arm back putting it in cuffs.

Administrative Information:Internal Affairs Notified: ☐ Yes ☐ No Time: _____Internal Affairs Responded: ☐ Yes ☐ No Investigator: _____ DID: _____

Deputy/Officer Signature: _____

Date: 9/11/2018

Supervisor (Name): _____

DID: 2137

Signature: _____

Date: 09/11/2018

Distribution:

Original – Internal Affairs Section

Copy – Accompanies **Incident Report**

Fulton County Sheriff's Office Use of Force Report

- ☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☐ ELECTRICAL CONTROL DEVICE (ECD)
☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9
☒ PHYSICAL CONTROL (Injury) ☐ OTHER (Specify) _____

Section A (Incident)			
INCIDENT	Case Number: JA18-1798	Date: September 11, 2018	Time: 1549
			Day of Week: Tuesday
	Incident Type: Failure to comply		Location: New Intake
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____		
	Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input checked="" type="checkbox"/> Other (Specify) Indoors		
Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Good Artificial <input checked="" type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

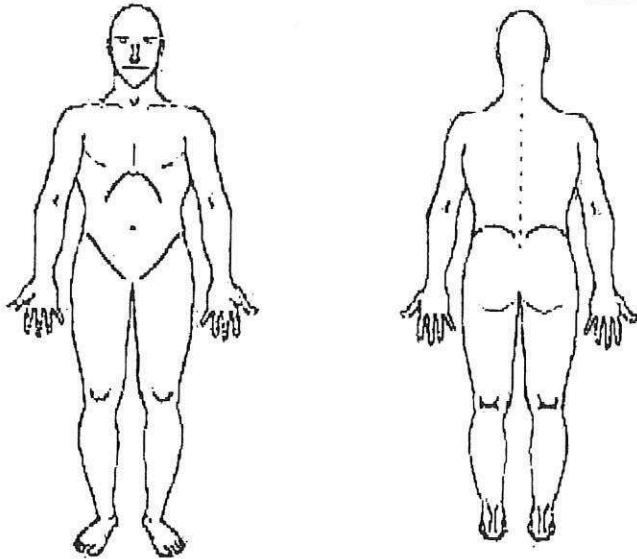
Section B (Agency Member)		
AGENCY MEMBER	Deputy/Officer's Name: K Strowder	DID: D1019
	Assignment: DART Team	
	Deputy/Officer Status: <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input checked="" type="checkbox"/> Weapons Training is current	
	<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
	Injury: <input checked="" type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	
	If Treated, Where: _____ _____ _____	
Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
By Whom: _____		

Section C (Use of Force Actions)		
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed </div>	
	<input type="checkbox"/> Impact Weapon [Type]: _____	
	<input checked="" type="checkbox"/> Physical Control : Attempting to restrain inmate with handcuffs. Striking inmate's body with closed fist	
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____	
	<input type="checkbox"/> Other (Specify) _____	
	<input type="checkbox"/> ECD [Make and Model]: _____ SN#: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Cartridges Used: _____ Number of Cycles Applied: _____ Probe Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Target Distance at the Time of Deployment: _____ Drive Stun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____	
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____	
	Section D (Animal Incident)	
	ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured Weapon Used [Make & Model]: _____ Number Rounds Fired _____ Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: Antonio May	DOB: _____	SEX: Male	Race: Black
	Book-In Number: 1818396			
	Warrant Number: _____			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal			
	<input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior)			
	<input checked="" type="checkbox"/> Other Combative, aggressive, erratic			
	Subject's Action/Resistance (Check All That Apply):			
	<input type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled			
	<input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property			
<input type="checkbox"/> Possessed Weapon [Type]: _____				
<input type="checkbox"/> Used Weapon [Type]: _____				
<input type="checkbox"/> Other (Specify): _____				

<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA: <u>Fulton County Jail Medical Provider</u></p> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>By Whom: _____</p>	 <p>Note: Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	D/O A. Cook	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O W. Whitaker	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O J. Copeland	901 Rice Street Atlanta, GA 30318	404-613-2058
	D/O O. Jackson	901 Rice Street Atlanta, GA 30318	404-613-2058

Section J (Narrative)

Describe Why and How Force Was Used:

On September 11, 2018, I DART (Direct Action Response Team) Team member K. Strowder D1019 was assisting new intake at the Fulton County Jail. At approximately 1549 hours I entered cell 172 to assist my fellow DART Team member with gaining control of inmate May, Antonio BK# 1818396. When I entered the cell, I attempted to restrain inmate May by placing handcuffs on his wrists. Inmate May grabbed my handcuff with his right hand and would not let go. In an attempt to get inmate May to release my handcuffs from his grip, I struck May in the facial area, hand, and arm with my right hand. May released my handcuffs and I exited the cell. End of statement.

NARRATIVE

Administrative Information:Internal Affairs Notified: ☐ Yes ☐ No Time: _____Internal Affairs Responded: ☐ Yes ☐ No Investigator: _____ DID: _____Deputy/Officer Signature: K. Strowder 2/10/19 Date: 9-11-2018Supervisor (Name): Lt. Richardson DID: 2137Signature: [Signature] Date: 09/14/2018**Distribution:** Original – Internal Affairs Section Copy – Accompanies *Incident Report*

Fulton County Sheriff's Office Use of Force Report

- ☐ OC ☐ IMPACT WEAPON ☐ FIREARM ☐ ELECTRICAL CONTROL DEVICE (ECD)
☐ LESS-LETHAL MUNITIONS ☐ VICIOUS/INJURED ANIMAL ☐ K-9
☐ PHYSICAL CONTROL (Injury) ☒ OTHER (Specify) Removing leg restraints

Section A (Incident)			
INCIDENT	Case Number: JA18-1798	Date: 9/11/2018	Time: 1606
			Day of Week: Tuesday
	Incident Type: Failure to comply		Location: New Intake
	Location Type: <input type="checkbox"/> Residence <input type="checkbox"/> Open Field/Woods <input type="checkbox"/> Public Street <input type="checkbox"/> Commercial Business <input checked="" type="checkbox"/> Fulton County Facility <input type="checkbox"/> Private Lot <input type="checkbox"/> Public Building <input type="checkbox"/> Other (Specify) _____		
	Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Storm <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify) _____		
Lighting: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input checked="" type="checkbox"/> Good Artificial <input type="checkbox"/> Fair Artificial <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Flashlight Used			

Section B (Agency Member)			
AGENCY MEMBER	Deputy/Officer's Name: Guito Delacruz	DID: D1159	Assignment: D.A.R.T
	Deputy/Officer Status:		<input checked="" type="checkbox"/> Uniform
	<input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Weapons Training is current		<input type="checkbox"/> Plain Clothes
	Injury: <input type="checkbox"/> None <input type="checkbox"/> Complaint of Injury (Specify): _____ <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		
	If Treated, Where: _____ _____		
Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No			
By Whom: _____			

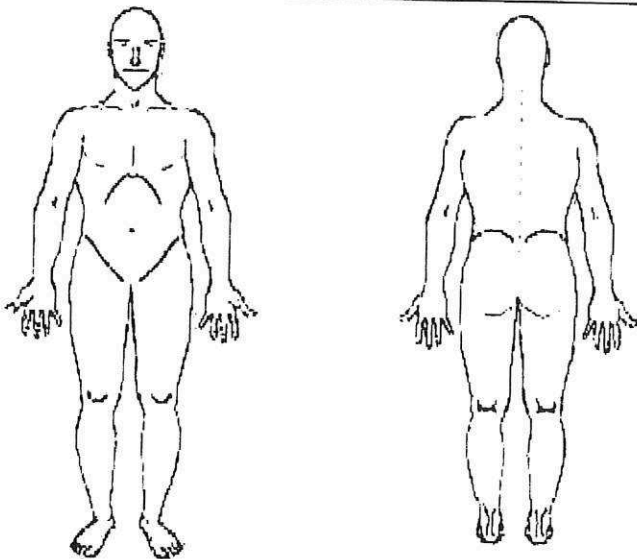
Section C (Use of Force Actions)	
USE OF FORCE ACTIONS	<input type="checkbox"/> Firearm [Make and Model]: _____ Number of Rounds Fired _____ <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed
	<input type="checkbox"/> Impact Weapon [Type]: _____
	<input type="checkbox"/> Physical Control : _____
	<input type="checkbox"/> Less-Lethal Munitions [Type]: <input type="checkbox"/> Bean Bag <input type="checkbox"/> 37 mm <input type="checkbox"/> 40 mm Number Fired _____
	<input checked="" type="checkbox"/> Other (Specify) <u>Removed leg restraints</u>
	<input type="checkbox"/> ECD [Make and Model]: _____ SN#: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Cartridges Used: _____ Number of Cycles Applied: _____ Probe Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Target Distance at the Time of Deployment: _____ Drive Stun: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> K-9 <input type="checkbox"/> Displayed <input type="checkbox"/> Deployed <input type="checkbox"/> Bite Handler (Name): _____ Canine (Name): _____
	<input type="checkbox"/> OC [Make]: _____ Number Times Sprayed: _____ Displayed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance From Subject: <input type="checkbox"/> Less than 1 Foot <input type="checkbox"/> 1-3 Feet <input type="checkbox"/> 5+ Feet Duration of Spray: <input type="checkbox"/> ½ Second <input type="checkbox"/> 1-2 Seconds <input type="checkbox"/> 3+ Seconds Was Spray Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____

Section D (Animal Incident)	
ANIMAL INCIDENT	Animal: <input type="checkbox"/> Rabid <input type="checkbox"/> Vicious <input type="checkbox"/> Injured
	Weapon Used [Make & Model]: _____ Number Rounds Fired _____
	Animal Control Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
	Animal's Owner Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable

Section E (Other Injuries)	
OTHER INJURIES	Other Injuries Resulting From Use of Force Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____
	Address: _____
	Type of Injury: _____

Section F (Property Damage)	
PROPERTY DAMAGE	Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____
	Type: _____

Section G (Subject Information)				
SUBJECT INFORMATION	Subject's Name: May Antonio	DOB: 6	SEX: Male	Race: Black
	Book-In Number: 1818396			
	Warrant Number: _____			
	Subject's Condition/Behavior:			
	<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Mental Disorder <input type="checkbox"/> Suicidal			
	<input type="checkbox"/> Prior Contact with Subject (i.e., Familiar with Criminal Behavior)			
	<input type="checkbox"/> Other combative _____			
	Subject's Action/Resistance (Check All That Apply):			
	<input checked="" type="checkbox"/> Ignored Verbal Orders/Passively Resisted <input checked="" type="checkbox"/> Aggressively Resisted <input type="checkbox"/> Fled			
	<input checked="" type="checkbox"/> Attempted Harm to Self, Others, Property <input type="checkbox"/> Caused Harm to Self, Others, Property			
<input type="checkbox"/> Possessed Weapon [Type]: _____				
<input type="checkbox"/> Used Weapon [Type]: _____				
<input type="checkbox"/> Other (Specify): _____				

<p><u>Injury:</u></p> <p><input type="checkbox"/> None <input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Complaint of Injury</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Serious</p> <p><input type="checkbox"/> Fatal</p> <p>Medical Treatment by; Dr./Nurse/PA: Provider Didier _____</p> <p><input type="checkbox"/> Refused Treatment</p> <p>Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>By Whom: Lt. D. Paige _____</p>	 <p><u>Note:</u> Indicate the location of the injury(s) by placing an 'X' on diagram (both front and back).</p>
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DISPOSITION OF SUBJECT	Section H (Disposition of Subject)	
	Arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Arresting Agency: _____

Section I (Witness Information)			
WITNESS INFORMATION	NAME	ADDRESS	TELEPHONE
	W. Whitaker	901 Rice St NW Atlanta, GA 30052	404-613-3910
	J. Roache	901 Rice St NW Atlanta, GA 30052	404-613-3910
	J. Copeland	901 Rice St NW Atlanta, GA 30052	404-613-3910
	A. Cook	901 Rice St NW Atlanta, GA 30052	404-613-3910

Section J (Narrative)

NARRATIVE

Describe Why and How Force Was Used:

On September 11, 2018, I Detention Officer G. Delacruz DID# 1159 was assigned to the Direct Action Response Team (D.A.R.T). At approximately 1600 hours, I assisted fellow D.A.R.T members in the New Intake property area to decontaminate Inmate May. I assisted by removing his left and right leg restraints.

Administrative Information:Internal Affairs Notified: ☐ Yes ☐ No Time: _____Internal Affairs Responded: ☐ Yes ☐ No Investigator: _____ DID: _____Deputy/Officer Signature:  Date: 9-11-18Supervisor (Name): L. Richardson DID: 2737Signature:  Date: 09/11/2018Distribution: Original – Internal Affairs Section Copy – Accompanies **Incident Report**



Supplemental Statement

On 9-11-2018 at approximately 1600 hours, I deputy Gilbert Francois #2593 was inside of the Fulton County Jail new intake area about to assist the 1500-2300 shift due to a staff shortage. I was located inside of the new intake property room helping D/O J. Adams #D1100 set up the area so that we could "dress out" a group of male inmates. During this time the DART team entered the property area with inmate Antonio May booking #1818396 who I later learned had been tased and pepper sprayed, so that he could be decontaminated. They entered into the shower area and placed inmate May under the shower. Inmate May was conscious and alert due to the fact that he was making moaning noises. I continued to set up clothing bins while inmate May was in the shower. Inmate May was decontaminated and placed into a clean jail uniform. Inmate May was sitting inside of the "restraint chair" and continued to make moaning noises while the DART team attempted to place leg irons and waist restraints onto him. Naphcare provider Diddier came into the property room to assess inmate May and see if he had any injuries from him being tased. Inmate May was responsive and continued to make moaning noises. Provider Diddier checked inmate May and left the property room once he was finished. He returned to the property after being by summoned by Sgt. J. Saadiq #2985 to advise the nursing staff that inmate May needed to be medically screened as soon as possible. Once Naphcare's Physician's Assistant Diddier returned to the property room, inmate May became unresponsive and he was removed from the restraint chair so that CPR could be administered. DART team members D/O J. Copeland #D1269, D/O W. Whittaker #D1005 and Naphcare nurse Xabier Jones began to administer CPR. Numerous attempts of CPR were made to resuscitate inmate May. At this time I left the property room due to numerous medical staff arriving to administer further lifesaving aide to inmate May.

End of statement

Deputy G. Francois #2593



Medical Emergency Code Report

Facility: <u>Fulton Cty Jail</u>	Date: <u>9/11/18</u>	Code: <u>Blue</u>	Time Called: <u>1610</u>	Time Arrived: <u>1615</u>
Name: <u>Antonio May</u>	DOB: _____	Location: <u>Intake</u>	ID#: <u>1818396</u>	Allergies: _____
Reason Called: _____				
Vitals Upon Arrival: O2 SAT: <u>99</u> BP: <u>128/80</u> HR: <u>70</u> TEMP: <u>98.0</u> RESP: <u>18</u> BS: _____				
Witnesses: _____				
Position of Patient Upon Arrival: <u>Supine</u>				
Officers Involved: _____				
Health Care Staff Involved: Nurses: <u>L. Lindsey</u> MD: <u>J. Wilson</u> NP: <u>A. Forbes, L. Smith</u>				
Chief Complaint: _____		Onset: <u>1600</u>		
Medical History: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> CAD <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> DM <input type="checkbox"/> HTN <input type="checkbox"/> HIV <input type="checkbox"/> MI <input type="checkbox"/> Seizures <input type="checkbox"/> Cancer <input type="checkbox"/> Hep C <input type="checkbox"/> Other: <u>Drug Abuse</u>				
Current Medications: _____				
Respiratory: <input type="checkbox"/> WNL <input type="checkbox"/> Labored <input type="checkbox"/> Cough <input type="checkbox"/> SOB <input type="checkbox"/> Wheezes <input type="checkbox"/> Stridor <input type="checkbox"/> Crackles <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Pain with Breathing <input type="checkbox"/> Diminished <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Other: <u>No Breathing</u>				
Cardiovascular: <input type="checkbox"/> WNL <input type="checkbox"/> Chest Pain <input type="checkbox"/> Left Arm Pain <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Orthopnea <input type="checkbox"/> Edema <input type="checkbox"/> Palpitations <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Syncope <input type="checkbox"/> Tachycardia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Other: <u>No Pulse</u>				
Neurological: <input type="checkbox"/> WNL <input type="checkbox"/> Oriented x3 <input type="checkbox"/> Disoriented to person/place/time <input type="checkbox"/> Headaches <input type="checkbox"/> Dizziness <input type="checkbox"/> Seizure <input type="checkbox"/> Tremors <input type="checkbox"/> Fainting <input type="checkbox"/> Walking Problems _____ Speech Problems _____ R/L: Altered sensation: _____ R/L: Altered motor: _____ Pulses: Present, Absent Other: <u>N/A</u>				
Treatments: <input type="checkbox"/> Oxygen applied: Time <u>1610</u> by <u>Amber</u> liters <input type="checkbox"/> IV access started: Time <u>1620</u> Cath size <u>18G</u> Site <u>R-antecubital</u> inserted by <u>L. Smith RN</u> <input type="checkbox"/> Lactated Ringer <input type="checkbox"/> DSW <input checked="" type="checkbox"/> Normal Saline <input type="checkbox"/> CPR started: Time <u>1610</u> <input type="checkbox"/> CPR terminated: Time <u>1640</u> <input type="checkbox"/> Life Pack applied: Time <u>1612</u> <input type="checkbox"/> VS every 5-10 minutes until transported: Time: _____ BP _____ Pulse _____ Resp _____ O2 Sats _____ Time: _____ BP _____ Pulse _____ Resp _____ O2 Sats _____ Time: _____ BP _____ Pulse _____ Resp _____ O2 Sats _____ <input type="checkbox"/> Emergency department notification time: <u>1625</u> <input type="checkbox"/> Report given to: _____ <input type="checkbox"/> Time ambulance notified: _____ <input type="checkbox"/> Ambulance arrival time: <u>1625</u> <input type="checkbox"/> Ambulance departure time: <u>1645</u>				

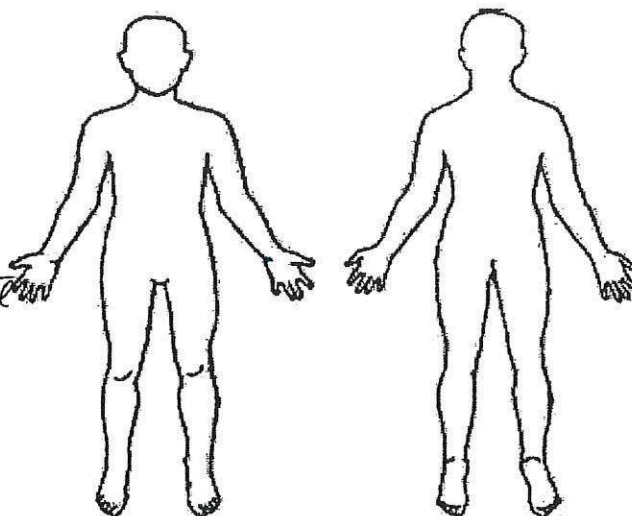
Progress Notes:
Two paramedics arrived at 1605. Pt became unresponsive and CPR initiated. Code Blue called medical on the scene. 1610. CPR taken over. AED applied. IV started, narcotic given. CPR continued until EMS arrived at 1625. Paramedics took over, CPR continued still no pulse. no breathing. 1mg Epi given x2. 2mg narcotic given IV. Pt still with no pulse or breathing. Brady Hospital called.

Name Antonio May ID# 1818396

Medical Diagram of Injury

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

*Superior
 AED and Ambu
 bag to face
 IV in rt antecubital*



FRONT

BACK

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Lacerations	Fractures	Contusion
<input type="checkbox"/> Wound is severe/deep/requires sutures <input type="checkbox"/> Bleeding is uncontrolled <input type="checkbox"/> Wound has imbedded debris not easily irrigated <input type="checkbox"/> Laceration to the face, ear, nose, eyelid or over joint <input type="checkbox"/> Wound that edges do not approximate easily with Steri-strips <input type="checkbox"/> Signs of infection present <input type="checkbox"/> Laceration to the Abdomen or chest that may penetrate underlying organs	<input type="checkbox"/> Obvious deformity, loss of sensation <input type="checkbox"/> Numbness/severe pain, absent distal pulses <input type="checkbox"/> Mechanism of injury suggested hidden trauma <input type="checkbox"/> Takes anticoagulants, over age 50 <input type="checkbox"/> X-rays, analgesics, tetanus booster, crutches	<input type="checkbox"/> Deformity is present <input type="checkbox"/> Impaired neurological/vascular status <input type="checkbox"/> Mechanism of injury suggesting hidden trauma <input type="checkbox"/> Marked swelling is present <input checked="" type="checkbox"/> Condition not responding to intervention

Name	<i>Antonio May</i>		ID#	<i>1818396</i>
Outcome:				
Returned to Infirmary: <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Other: <i>pronounced dead 2/16/18</i>				
Out to Hospital: <input type="checkbox"/> Car <input type="checkbox"/> Ambulance <input checked="" type="checkbox"/> Other: <i>left in intake area</i>				
Signature/Credentials of Person Completing Report: <i>Jopshiee Baker RN</i>				
Date/Time Report Completed: <i>September 11, 2018 6:30pm</i>				
Reviewed and Approved by MD/NP/PA: <i>J Bondino</i> Date: <i>9-12-18</i>				



INCIDENT REPORT

Incident involved:

Patient(s):

Antonio May 1818396
NAME ID #

UNIT _____

NAME ID #

UNIT _____

NAME ID #

UNIT _____

NAME ID #

UNIT _____

Staff:

Tequilla Davenport, Kabier Jones
NAME

UNIT _____

Lesley Lindsey, Travis Abnah Forbes
NAME

UNIT _____

Julia Wilson, Ann Holder, Laquinta Smith
NAME

UNIT _____

David Didier, Vanessa Lyons, Vanshika Parker
NAME

UNIT _____

State facts related to the incident including date, time and location. Do not include unsubstantiated conclusions, opinions, hearsay, assumptions or accusations. Complete with a line extended to signature from last word written.

At 1615, I arrived to intake to find the patient on the floor supine position back with AED pads applied and Nurse Lindsey doing compression, Paramedic Jones maintaining airway and Dr. Wilson in charge. CPR was continued for 30 min with no shock advised. A/V started by Smith NP in (rt) antecubital. Narcan 4mg given @ 1614 and 1620 by nurse Holder. EMS arrived at 1625. CPR continued, pt put on machine

To detect any heart rhythm ^{by} Paramedics who administered 1mg Epinephrine @ 11:35 and another 2mg Narcan. Pt given another 1mg of Epinephrine @ 11:39. BP taken - 105. At 11:40 pt was pronounced by Dr. on phone to Paramedics from Grady.

SIGNATURE & CREDENTIALS

DATE

TIME

Complete and turn in to Health Services Administrator

Vonsheila Barber

From: Xabier Jones
Sent: Tuesday, September 11, 2018 5:28 PM
To: Vonsheila Barber
Subject: Code Blue

Nurse in Medical room called Code Blue and I responded and once I arrived to room Dart Team was doing CPR on a Black male.


Pt was lying supine on ground he was showing no signed of life and they were doing CPR on male. I took over CPR on him and he still showing no signed of life at this time. They got AED and placed on him, And no shock where advised for patient. IV was started in his right a/c with N/S 1000cc where given to male patients, after about 4 min I swap with dart member and he took over CPR while I gave Nar can and patient still shows no signed of life.

Officer called 911 and unknown on ETA for them. CPR was still going on the whole time only care we was able to give patient is BLS. After Narcan was give the second team no change in patient he still shows no signed of life. Once fire arrived on scene we turned patient care over to them.

EMS and Fire Called Grady to stop CPR.

Xabier Jones Medic

I responded to CODE BLUE called overhead. When I arrived CPR was already in progress. The AED was on the pt and was continually assessing the heart rhythm. No shock was ever advised. Pt was bagged with an OP airway in place. Good chest rise with bagging. Chest compressions were continuous. Pt had no spontaneous pulse or respirations. Per nurse pt had been given Narcan nasally prior to my arrival. Additionally, he had a right antecubital IV in place with IVF flowing wide open. Pt had no VS and was unresponsive to verbal and noxious stimuli. Paramedics arrived and placed pt on cardiac monitor. Care was then assumed by paramedics. Pt continued to be unresponsive and pulseless.


Wilson



NaphCare, Inc.
901 Rice Street
Suite 4000
Atlanta, GA 30318

9/11/2018 6:48:31 PM Eastern Daylight Time

Progress Notes -MAY, ANTONIO P01095052 (1818396)

SOAP NOTE BY: David Didier PA POSTED ON 9/11/2018 5:28:26 PM Eastern Daylight Time

Type: NP NOTE

Subjective

I was called by Sgt SAAdick to evaluate patient in the cell. Upon arrival in the cell, pt was restrained in a chair with a spitt mask over his head and DART team officers around. I briefly looked at the patient and he was alert and breathing. I then left the room and went to the nursing station to get a screening nurse and vital sign equipment(blood pressure cuff, o2 sat, accu check). Few minutes after while I am in the nursing station, I was called to get back to the room for emergency. I went back to the room and found pt unresponsive in cell with the same officers inside.

911 was called and CPR initiated immediately.

Objective

BP: / Temp: Pulse: Resp: Wt: SaO2: BS: na Pain:

pt unresponsive

Assessment

a

Plan

911 was called

cpr started

back up medical team was called

Education

Vonsheila Barber


From: Tequilla Davenport
Sent: Tuesday, September 11, 2018 5:25 PM
To: Vonsheila Barber

While in intake, officers asked medical staff to come check on patient in property. When entered property area, officers were transferring pt out of chair on to floor. Upon assessment pt had no pulse and was not breathing. I immediately notified staff to call 911, and to call a code blue. Officers began CPR. More medical staff arrived, an IV was started, Oxygen was started by mask, and fluids were started per M.D. orders. I then started counting out loud for compressions and breaths, Depth of compressions correct, making sure pt head was tilted back during breaths and chest was rising trying to make sure CPR was correct and organized. Staff brought the AED in placed pads on patient, and turned AED on. I stopped counting at that point and continued to make sure chest was rising during breaths, Depth of compressions correct, and making sure whoever doing compressions would switch out with someone when tired. Staff never got a pulse, only agonal breathing was noted, and AED never picked up a rhythm to shock. Firefighters arrived and took over CPR.

9/11/2018

Subj: Inmate – May, Antonio 1818396

At 1610 I received an announcement by nursing supervisory that a "Code Blue" was in progress in intake. Upon arrive at 1612 CPR was already in progress and an AED was then applied. I then assisted with providing drugs (Narcan) to assist with CPR efforts. Narcan 4 MG was administered at 1614 and at 1620 via nasally. I then assisted with maintaining an open airway while oxygen was being provided via ambu bag by another medical provider. I continued these efforts until I was relieved by another medical staff member. CPR was continued until Fire Rescue arrived and relieved jail medical staff of their duties.



Abnnah Forbes, PA

09/11/18

To Whom It May Concern

I nurse Lyons was in medial intake when the Sergeant on duty ask the doctor to come here. She had stated that it was an emergency. Intake doctor and a nurse staff responded to the sergeant request. The nurse came back and stated that it was a Code Blue. When I went in I observed the inmate on floor unconscious with security and medical staff performing CPR and rescue breathing. Code Blue enforced and 911 called. Medical staff continuing to CPR until EMS arrives and assessed the situation and continued CPR

Nurse Vanessa Lyons

A handwritten signature in black ink, appearing to be 'V. Lyons', with a long horizontal line extending to the right.

9/11/18

Arrived to area in intake after being alerted of a code blue. Patient observed on the floor with CPR in progress. I started (placed) 18 gauge needle to the 18 upper arm on first attempt. IV fluids Normal Saline infused at a rapid rate. Chest compressions and bag/mask ventilation continued after IV was started by other facility staff.

Lagunta Smith NP-C
1735 9/11/18

Working as supervisor on 9/11/18, received call from intake at 1610 stating "code blue in intake". Made general announcement to clinic provider and pill call nurses that we had a code. Our team headed to intake where CPR was in progress with AED in place, chest compressions in progress and ambu bag being used. First dose of Narcan 4mg intranasal given at 1614 and second dose of Narcan 4mg given intranasal at 1620. No respirations, no pulse and no shock advised. CPR continued until relieved by EMS. Ann Holder, RN

On September 11, 2018, I was summoned to respond to a code blue, cardiac arrest, in the Intake area of Fulton County Jail. Upon my arrival, an inmate was found lying supine on the floor with CPR in progress. Continuous CPR was performed. An AED was placed on the inmate and advised no shock. 911 was called. Inmate was provided assisted ventilations with supplemental O2 via BVM with an OPA in place. An 18 gauge IV was established in the right AC with 1000cc normal saline administered at a wide open rate. The inmate was administered a total of 4mg of Narcan intranasal. On arrival of EMS, patient care was turned over to Atlanta Fire and Grady EMS.


9/11/2018

Around 1600 hours, the nursing supervisor came to the med room and announced that there was a "code blue" in progress in the intake area. The med room/UCC nurses collected emergency supplies and immediately proceeded to the intake/property area. Upon arrival we encountered the patient laying on the floor of the property room with security staff performing CPR. Medical staff continued to perform lifesaving measures until first responders arrived on the scene as well as EMS. Report was given to first responders/EMS as they continued lifesaving measures.

Shena Carter LPN
Idena Carter LPN

9/11/2018

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Lesley A. Lindsay, LPN

On 09/11/2018 around 1615, I answered to a code blue in the intake area. Upon arrival, an inmate was lying supine on the floor and member of the Fulton County Dart team was performing CPR along with Naphcare Medical team. Since the room was already full with staff, I step aside to allow for more movement and was ready to step in as needed until EMS arrived.

Yves Joseph RN